

Cost Alliance

Notification of Changes to Your Member Handbook for July 1, 2002 Commonwealth of Virginia – Department of Human Resource Management

The following changes are part of your Cost Alliance Member Handbook, #T20048 (6/00) as of July 1, 2002. Keep this and all previous notifications with your Member Handbook. You or your Benefits Administrator may view and print this Member Handbook, from the Department of Human Resource Management's Web site at www.dhrm.state.va.us/hbenefit.htm or from Trigon Blue Cross Blue Shield's site at <http://state.trigon.com>.

- 1) **Outpatient Prescription Drug Program Special Limits, number 1) under the 34-day supply from a retail pharmacy, the following limits are removed: 120 units or 500 milliliters of the drug, and two 10-milliliter vials of insulin.**

Page 30 – Special Limits

- 2) **Outpatient Prescription Drug Program Special Limits, number 7) is replaced as follows:**

7) Prior authorization is required for certain medications. You will be notified in writing when a prescription is denied for coverage. Your physician will be notified of both approval and denial decisions.

Page 30 – Special Limits

- 3) **Outpatient Prescription Drug Program Special Limits, number 8) j. – limitation removed.**

Page 30 – Special Limits

- 4) **Exclusions, number 26) is replaced as follows effective October 1, 2002:**

Your coverage does not include benefits for services or supplies if they are deemed not **medically necessary** as determined by Trigon at its sole discretion.

However, if you receive inpatient or outpatient services that are denied as not medically necessary, or are denied for failure to obtain the required pre-authorization or primary care physician referral, the following professional provider services that you receive during your inpatient stay or as part of your outpatient services will not be denied under this exclusion in spite of the Medical Necessity denial of the overall services:

For Inpatients – 1) Services that are rendered by professional providers who do not control whether you are treated on an inpatient basis, such as pathologists, radiologists, anesthesiologists, and consulting physicians.

2) Services rendered by your Attending Provider other than inpatient evaluation and management services provided to you. Inpatient evaluation and management services include routine visits by your Attending Provider for purposes such as reviewing patient status, test results, and patient medical records. Inpatient evaluation and management visits do not include surgical, diagnostic, or therapeutic services performed by your Attending Provider.

For Outpatients – Services of pathologists, radiologists and anesthesiologists.

Page 39 – Exclusions

- 5) **An appeal to the director of the Department must entail a liability of at least \$300 to qualify for review by an outside impartial health entity, as follows:**

Reviews for treatment authorizations or medical claims that have been denied will be sent to an impartial health entity. The impartial health entity shall examine the final denial of claims or treatment authorizations to determine whether the decision is objective, clinically valid, and compatible with established principles of health care. The decision of the impartial health entity shall (i) be in writing, (ii) contain findings of fact as to the material issues in the case and the basis for those findings, and (iii) be final and binding if consistent with law and policy. Medical appeals accepted into the review process must entail a liability of at least \$300 to the appellant or covered family member.

Page 6 – Appeals

- 6) **Language regarding the requirement to contact your PCP within 48 hours of an emergency admission is added as follows:**

Your PCP must be contacted within 48 hours of treatment for a life-threatening emergency. The contact may be made by you, the admitting physician, a family member or a friend.

Page 10 – Conditions for Reimbursement
Page 23 – Conditions for Reimbursement
Page 51 – Definitions, Emergency Services

- 7) **The section in the Code of Virginia pertaining to the State Health Benefits Program was re-codified effective October 1, 2001. As a result, the section reference is now §2.2-2818.**

Page 62 – Statutory Benefits

- 8) **The Eligibility, Enrollment and Plan or Membership Changes section, is replaced as follows:**

Newly Hired Employee: Coverage for a newly hired employee is effective the first of the month following receipt of notice of an election. Employees hired on the first working day of the month who submit notice that day have coverage beginning the first of the month they were hired. Election to participate in the health benefits program must be made within 31 days from the date of hire.

Open Enrollment: The annual Open Enrollment period is the time when you may make Plan or membership changes.

Qualifying Mid-Year Events (Life Events): Notice of membership changes or enrolling for coverage due to these events must be given within 31 days of the event. Changes take effect the first of the month after notice of the election is received. If notice is given on the first day of the month, the election is effective that day. Other exceptions are birth, adoption, placement for adoption (changes are effective the first of the month of the event), and termination of ineligible members (changes are effective the last day of the month in which the Participant loses eligibility). Following is a summary of these qualifying mid-year events. Contact your Benefits Administrator if you have questions.

Change in Your Employment Status

- Begins/ends full-time employment (includes rehire after 30 days)
- Begins/ends leave without pay
- Begins/ends family medical leave
- Begins Virginia Sickness and Disability Program long-term disability (not working)
- Begins retirement
- Enrolls in single membership if previously waived coverage

Change in Your Marital Status

- Marriage, divorce or death of a spouse

Change in Your Number of Eligible Dependents

- Birth or adoption (Note: The Department of Human Resource Management must review all pre-adoptive placements to verify eligibility)
- Death of a covered child
- Covered child is no longer eligible for coverage under your plan (exceeds plan's age limit, marries, becomes self-supporting, etc.)
- Court order to cover a child
- Department of Social Services order to cover a child

Changes Affecting Your Dependent(s) Employment

- Spouse begins/ends leave without pay
- Spouse or covered child begins employment/spouse or eligible child ends employment
- Spouse switched from full-time to part-time employment or vice versa
- Eligible child switched from full-time to part-time employment or vice versa

Other Changes Affecting Your Dependent(s)

- Annual enrollment or change allowed under another employer's plan
- Gains eligibility for Medicare or Medicaid
- Loses eligibility for Medicare, Medicaid or another government-sponsored plan

Changes Due to Special Circumstances

- Permanently moves in or out of a plan's service area (Note: In addition to a change in membership, this event may also allow a plan change.)
- Special (HIPAA) enrollment due to loss of coverage
- You or your dependent permanently changed residence, affecting eligibility for the State program
- A court has required that another party cover your children

Payment of Premiums: During Open Enrollment, employees may choose to pay their health benefits premiums on a pre-tax or after-tax basis. The election will be in effect during the fiscal year, from July 1 through the following June 30.

Retirement: State retiree coverage begins on the first day of the first full month of retirement, regardless of the date of enrollment, as long as enrollment is completed within 31 days of the retirement date. Coverage for a retiree returning from participation as a dependent under the State Health Benefits Program will begin on the first of the month after the loss of active coverage, if application is received within 31 days of the loss.

Page 60 – Eligibility, Enrollment and Plan or Membership Changes

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www.dhrm.state.va.us/hbenefit.htm or <http://state.trigon.com>.

